

APPLICATION DATA SHEET

Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?:

Computer Readable Form (CRF)?:

Number of Copies of CRF::

Title:: VEHICLE DOOR HANDLE DEVICE

Attorney Docket Number:: 019519-421

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets:: 5

Small Entity?: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Tetsurou

Middle Name::

Family Name:: TANIMOTO

Name Suffix::

City of Residence:: Anjo-shi

State or Province of Residence:: Aichi-ken

Country of Residence:: Japan

Street of Mailing Address:: 10-17-C5, Sakura-machi

City of Mailing Address:: Anjo-shi

State or Province of Mailing Address:: Aichi-ken

Country of Mailing Address:: Japan

Postal or Zip Code of Mailing
Address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Kouichi

Middle Name::

Family Name:: NAGATA

Name Suffix::

City of Residence:: Obu-shi

State or Province of Residence:: Aichi-ken

Country of Residence:: Japan

Street of Mailing Address:: 5-18, Ebata-cho

City of Mailing Address:: Obu-shi

State or Province of Mailing Address:: Aichi-ken

Country of Mailing Address:: Japan

Postal or Zip Code of Mailing
Address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Masaki

Middle Name::

Family Name:: NISHIKAWA

Name Suffix::

City of Residence:: Kariya-shi

State or Province of Residence:: Aichi-ken

Country of Residence:: Japan

Street of Mailing Address:: 2-13-3-201, Takasu-cho

City of Mailing Address:: Kariya-shi

State or Province of Mailing Address:: Aichi-ken

Country of Mailing Address:: Japan

Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Noriyasu

Middle Name::

Family Name:: ONISHI

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence:: Japan

Street of Mailing Address:: c/o TOYOTA JIDOSHA KABUSHIKI KAISHA, 1,
Toyota-cho

City of Mailing Address:: Toyota-shi

State or Province of Mailing Address:: Aichi-ken

Country of Mailing Address:: Japan

Postal or Zip Code of Mailing Address:: 471-8571

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Osamu

Middle Name::

Family Name:: KONDO

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence:: Japan

Street of Mailing Address:: c/o TOYOTA JIDOSHA KABUSHIKI KAISHA, 1,
Toyota-cho

City of Mailing Address:: Toyota-shi

State or Province of Mailing Address:: Aichi-ken

Country of Mailing Address:: Japan

Postal or Zip Code of Mailing Address:: 471-8571

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Hajime
Middle Name::
Family Name:: EMURA
Name Suffix::
City of Residence::
State or Province of Residence::
Country of Residence:: Japan
Street of Mailing Address:: c/o TOYOTA JIDOSHA KABUSHIKI KAISHA, 1,
Toyota-cho
City of Mailing Address:: Toyota-shi
State or Province of Mailing Address:: Aichi-ken
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing
Address:: 471-8571

Correspondence Information

Correspondence Customer Number:: 21839
Phone Number:: (703) 836-6620
Fax Number: (703) 836-2021

Representative Information

Representative Customer Number:: 21839

Domestic Priority Information

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Japan	2003-117478	04/22/03	Yes

Assignee Information

Assignee Name:: AISIN SEIKI KABUSHIKI KAISHA

Street of Mailing Address:: 1, Asahi-machi 2-chome

City of Mailing Address:: Kariya-shi

State or Province of Mailing Address:: Aichi-ken

Country of Mailing Address:: Japan

Postal or Zip Code of Mailing
Address::

448-8650